

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9396-62-039941  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
1003  
FILED OCT 19 1962

VS 300  
Rev. 4/59

2009

2 226

3

4 0

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10

11 000

12 92-3

13

91

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. L. City Hospt. D.O.A.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
2628 a N. 19th St.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Thomas

M

Aaron

4. DATE OF DEATH

Month

Day

Year

9

28

62

5. SEX  
M

6. COLOR OR RACE  
W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/15/08

9. AGE (last birthday)  
53

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salesman

10b. KIND OF BUSINESS OR INDUSTRY  
National Press

11. BIRTHPLACE (City and state or country)  
Granit City Ill

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

William Aaron

13b. MOTHER'S MAIDEN NAME

Annie Hutchins

14. NAME OF HUSBAND OR WIFE

Dorothy Aaron

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs. D. Aaron 2628 a N. 19th St.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured skull with subdural hemorrhage, apparently suffered in fall on sidewalk in front of about 1420 St. Louis Avenue on September 24th, 1962 about 2:00 A.M. 903.5-44

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
See Above

20c. TIME OF INJURY  
Hour 2:00 p.m.  
Month, Day, Year 9-24-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Street 26

20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

21. I attended the deceased from

8:35 P

and last saw her alive on

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/2/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks

24. FUNERAL DIRECTOR

ADDRESS

Robert D. Kinealy 2228 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.

OCT 1 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gam Jr.  
Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.